RICHMOND HILL FIRE DEPARTMENT

Smoke Alarm Program



		Date:	
NAME:			
ADDRESS:			
PHONE:			
Installation Date/Time:			
# Smoke Alarms:			
Waiver At my request, the Richmond Hill Fire Department address. In consideration for voluntarily providing and administrators or successors, hereby waive an individual or organizational participants in the City of Richmond Hill, Georgia and the officers smoke alarms and/or batteries, and I further a referenced program from and against all damfailure of such smoke alarms and/or batteries By signing this document, I certify that the smacknowledge that I have received information maintenance is my responsibility. I acknowledge having read, understood, and a	installing those battery-powered smoke by actions or claims of any nature that I e above referenced program, including be s, agents or employees growing out of o agree to hold harmless any and all organ ages of any kind, to persons or property in my referenced home. hoke alarm(s) were tested in my presence from the installer regarding proper sm	e alarm(s) in my home, I, for mysel- have or might in the future have a out not limited to the Richmond Hil or resulting from the installation an nizational and individual participan y, growing out of or resulting from the and are in good working order. For oke alarm maintenance, and unde	f, my heirs, executors, gainst any and all I Fire Department, the d/or failure of the ts in the above the installation and
Print Name	Signature		Date
Witness (print name)	Signature		Date
Installed by:		Date	